

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATION

Substitute
Form W-9
(Dec. 1994)

Return this form to the
requester within 30 days

Each person or organization doing business with the Commonwealth of Virginia must provide the following information. Please return this form in the enclosed envelope.

ORGANIZATION ENTITY:

Please provide reportable name where applicable.

Check Only One:

<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Governmental	<input type="checkbox"/> Trust
<input type="checkbox"/> Estate	<input type="checkbox"/> Other (Please Describe)

Social Security Number

Employer Identification Number

and/or

ENTER THE FOLLOWING:

Legal Name _____
(Must match the Social Security Number, if applicable)

Trade Name _____
(Must match the Employer Identification Number, if applicable)

Payment Address _____	IRS 1099 Form _____
_____	Mailing Address _____
_____	_____

Contact Person _____ Telephone Number (____) ____ - ____

Please respond to the following:

Is your organization tax exempt?	Yes _____	No _____
Are you a Real Estate Agent?	Yes _____	No _____
Are you a Minority owned business?	Yes _____	No _____
Are you a Woman owned business?	Yes _____	No _____
Are you a Small business?	Yes _____	No _____

Government Agencies, please respond to the following:

Are you Federal _____, State _____ or Local _____? (Please check one.)

If you are considered Local, what is your FIPS code? _____

Certification: Under penalties of perjury, I certify that:

(1) The number(s) shown on this form is my correct taxpayer identification number(s) (or I am waiting for a number to be issued to me), and
(2) The organization entity and all other information provided is accurate, and (3) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding because of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

(You must cross out item (3) above if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.)

Signature _____

Date _____

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